

DOCKET NO. CM03553J

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/895,506
Filing Date	June 29, 2001
First Named Inventor	Charles B. Swope
Group Art Unit	2111
Examiner Name	Mason, Donna K.
Attorney Docket Number	CM03553J

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SEP 27 2004

Technology Center 2100

ENCLOSURES

(check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/Declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Documents☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
Under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-Related papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation,
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CDs _____☐ After Allowance Communication to a
Technology Center (TC)☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter with appropriate copies☐ Other Enclosure(s) (please identify below)

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Barbara R. Dautre	Registration No.	39,505
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Signature

Date

9/20/04

CERTIFICATE OF MAILING/TRANSMISSION

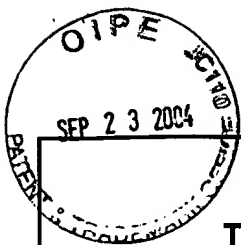
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Typed or printed name Maria E. Rodriguez

Signature

Date

9/20/04



FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	09/895,506
		Filing Date	June 29, 2001
		First Named Inventor	Charles B. Swope
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TOTAL AMOUNT OF PAYMENT		(\$)	0.00
		Group Art Unit	2111
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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																														
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, except for issue fee <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.					3. ADDITIONAL FEES <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr><tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr><tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr><tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr><tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr><tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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SUBMITTED BY Name (Print/Type) Barbara R. Doutre Signature _____ Registration No. 39,505 Telephone 954-723-6449 Date 9/20/04																																																																																																																																																																			